

# Improving Learning through Classroom Assessment

**Dates:** July 9 – July 12, 2007

**Location:** Utah Valley State College, Heber Campus

**Credit:** 2 units USOE professional development credit  
*or* 2 semester units of Southern Utah University credit

**Instructors:** TBA

**Course Contact Information:**

Lorien Y. Francis 801-377-5160

[lorien@guyfrancis.com](mailto:lorien@guyfrancis.com)

J. Hugh Baird 801-373-7557

[bairdjh@gmail.com](mailto:bairdjh@gmail.com)

**Registration Fee and Deposit:**

\$275 **Registration fee payable to** Nebo School District

\$50 **Deposit payable to** Nebo School District

**Tuition Includes:**

- A stipend of \$500 for each teacher completing the course
- All meals Monday through Thursday lunch
- Three nights lodging at The Homestead (Monday, Tuesday and Wednesday nights)
- Text: *Performance Assessment for Science Teachers*
- Quality instruction

**Registration Deadline:**

June 8, 2007

**Send registration form and deposit to:**

Lorien Y. Francis

1584 W. 1170 N.

Provo, UT 84604

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**Registration Contact Information:**

Lorien Y. Francis

1584 W. 1170 N.

Provo, UT 84604

(801) 377-5160

[lorien@guyfrancis.com](mailto:lorien@guyfrancis.com)

**Course Description:**

This course will help teachers improve their ability to use various types of assessment, including paper-pencil tests, performance assessments, observations, etc. Emphasis is placed on using test information to help students learn more science in the Utah Core Curriculum.



# 2007 Science Professional Development Registration Form

*(Duplicate as Necessary)*

**Mail to:**

**Workshop Contact:**

| Workshop Title | Date | Location | Registration Fee |
|----------------|------|----------|------------------|
|                |      |          |                  |

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
Principal

☐ **DISTRICT** \_\_\_\_\_  
District Representative

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return this completed registration form and your refundable deposit check to the workshop contact listed above.*

**A separate registration form must be submitted for each workshop you plan to attend.**

## Involving Learning through Classroom Assessment

- ☐ I do not need lodging
- ☐ Please arrange for my lodging
  - ☐ Smoker
  - ☐ Male
  - ☐ Non-smoker (no guarantee)
  - ☐ Female

You will be assigned 2 persons to a room unless you indicate otherwise.

### **Commitment to Attend & District Approval:**

My deposit of \$50 is enclosed with this form. I understand that if I do not complete the workshop, or do not cancel at least two-weeks prior to the workshop, my deposit is **non-refundable**.

Teacher Signature: \_\_\_\_\_

Teacher Name: (Print) \_\_\_\_\_